CTAMFT

CONNECTICUT ASSOCIATION FOR
Marriage & Family Therapy

Feb 7, 2023

Representative Jillian Gilchrest, Chair
Senator Matthew Lesser, Chair
Representative Jay Case, Ranking Member
Senator Lisa Seminara, Ranking Member
Human Services Committee
Connecticut General Assembly
Legislative Office Building, Room 2700
Hartford, CT 06106

RE: HB 5321: An Act Establishing a State Ombudsman's Office for Behavioral Healthcare Coverage

Representatives Gilchrest and Case and Senators Lesser and Seminara and members of the Human Services Committee:

My name is Rebecca Ruitto, Licensed Marriage and Family Therapist and Chair of the Connecticut Association for Marriage and Family Therapy (CTAMFT). I am writing in support of HB 5321, An Act Establishing a State Ombudsman's Office for Behavioral Healthcare Coverage.

CTAMFT is concerned about the ongoing disparity of mental health care insurance coverage by private insurers. Marriage and Family Therapists have brought these concerns to the Department of Insurance since the passage of Connecticut's mental health parity law but many of these concerns continue to be unaddressed.

As the ongoing mental health crisis rages across our state, mental health providers are doing all they can to address this crisis. Administrative burdens erected by private insurance companies place a significant burden on our profession. These barriers include: ever changing claim submission procedures; lengthy waits for service reimbursement; frequent audits; claw-backs of previous payments and erroneous claim denials. These issues are driving mental health providers to remove themselves from provider networks. Those providers that choose to stay in-

network are bogged down by time consuming and cumbersome paperwork and phone calls that could otherwise be used servicing Connecticut residents in need of mental health treatment.

CTAMFT's recent 2022 member survey found several ongoing barriers. Specific persistent experiences with private insurance companies are as follows:

- Delays in claim processing times as a result of claims being stuck in the "accepted" stage of processing for extended periods of time (weeks to months).
- Frequent or sudden changes to insurance processing systems resulting in claims being rejected and resubmitted.
- Delays in communication with insurance companies to correct errors or dispute rejected/ denied claims. These delays consist of long wait times on insurance provider phone lines, unanswered emails, documents being reportedly not received by insurance companies and even longer waits for explanations of benefits.
- Increased and repetitive insurance audits of providers requesting records over large spans of time with unclear or varying documentation requirements, sometimes resulting in payouts being recouped or services rendered never being paid. These audits often require constant justification of session duration and frequency despite the provider's clinical recommendations of diagnosis and treatment modality.
- Claw-backs in the form of notices from insurance carriers to providers indicating an overpayment and requesting immediate payback. These have increasingly been for overpayments from months to years prior to the service being rendered.
- Rejections of classifying mental health providers as in-network providers due to "too many providers in network area", thus lessening availability of in-network providers for residents to receive treatment. 56% of membership survey responses indicated they were unable to join a panel due to private insurance companies denying their application due to "full/saturated" areas despite ongoing referrals inquiring for their services.
- In network providers being inexplicably dropped from insurance panels leaving the provider, and their existing clients, navigating the out of network claim process while also attempting to resume their in-network provider status. Many providers report that the paneling, or re-paneling process takes months to complete, thus delaying their ability to treat clients.
- Additionally, providers and clients report untimely updates to in-network provider rosters and provider contact information; leaving residents seeking treatment with inaccurate provider information or providers not being able to access payments or notices due to incorrect mailings.
- Incorrect explanation of benefit (EOB) sent to wrong providers, with incorrect client information or policy information causing time consuming holds to rectify.

- Poor reimbursement rates, including denials for rate increases spanning over 10 years from some insurance companies. Denials of rate increases make it more difficult for providers to continue to manage continuously increasing cost of living and business-related expenses. Many providers have moved to private pay only business models so that they can remain profitable enough to pay overhead expenses.

Despite these concerns being raised to the Commissioner of Insurance, these problems continue to persist. CTAMFT and other Mental Health Professional Associations and Coalitions have participated in information gathering talks and workgroups in an attempt to rectify these ongoing issues; however little to no change to these matters has occurred.

CTAMFT urges you to support HB 5321, with the establishment of a state Ombudsman's Office for Behavioral Healthcare Coverage with a review of mental health and payment parity to better serve Connecticut residents in desperate need of mental health treatment.

Please do not hesitate to reach out if I can be of further assistance at chair@ctamft.org. Thank you for your time on this important matter.

Sincerely,

Rebecca Ruitto, LMFT

Rebecca Ruitto, LMFT
CTAMFT Chair